

Fig. 1

30

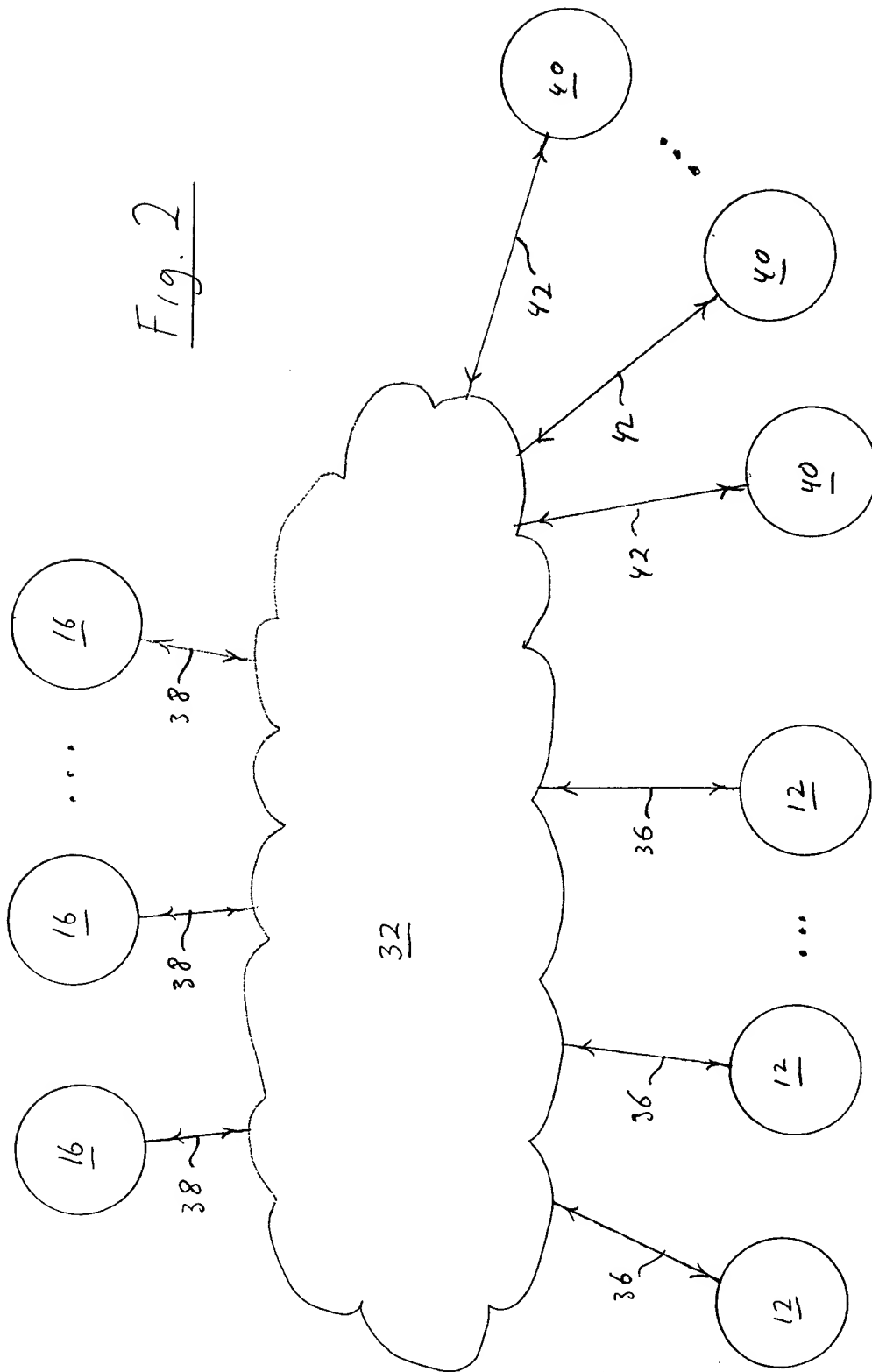


Fig. 2

FIG. 3

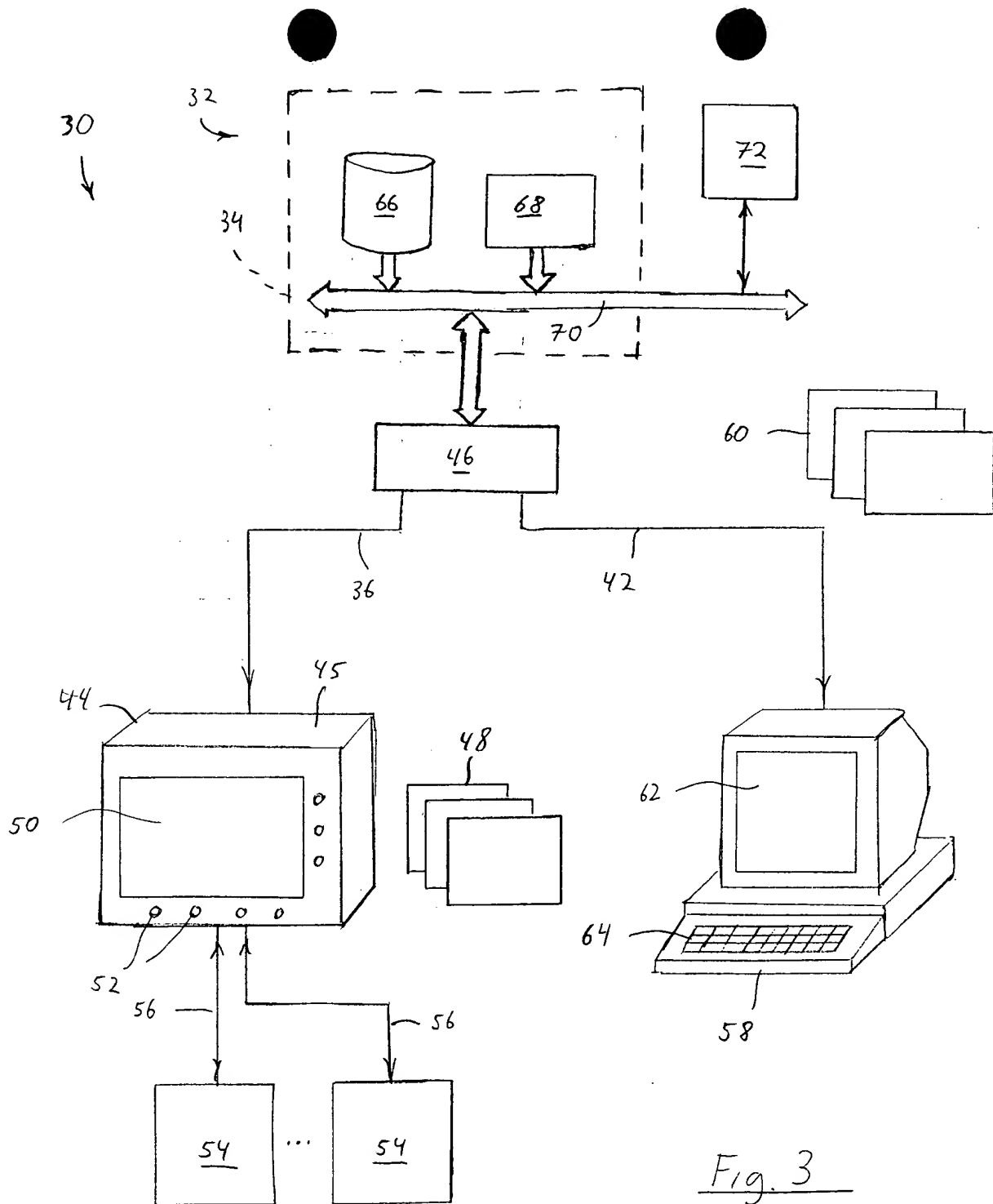


Fig. 3

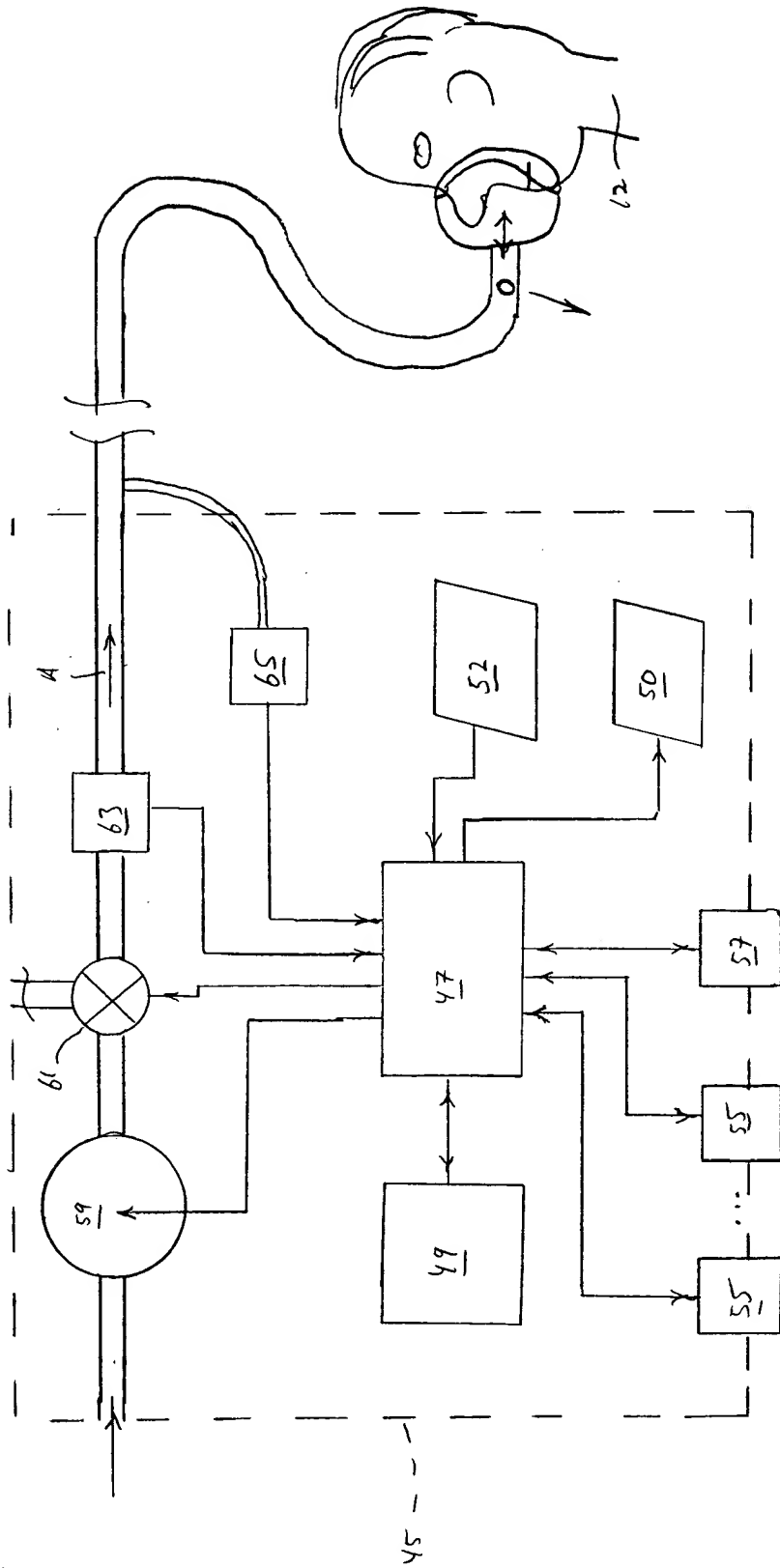


Fig. 4

76

**Your Home Health.com**

LOGO

78

Welcome to YourHomeHealth.com, your source for information and service to help patients live a healthier and happier life!

80

**Members Access Area**

Login:

84

Password:

86

74

82

Fig. 5A

FIG. 5B

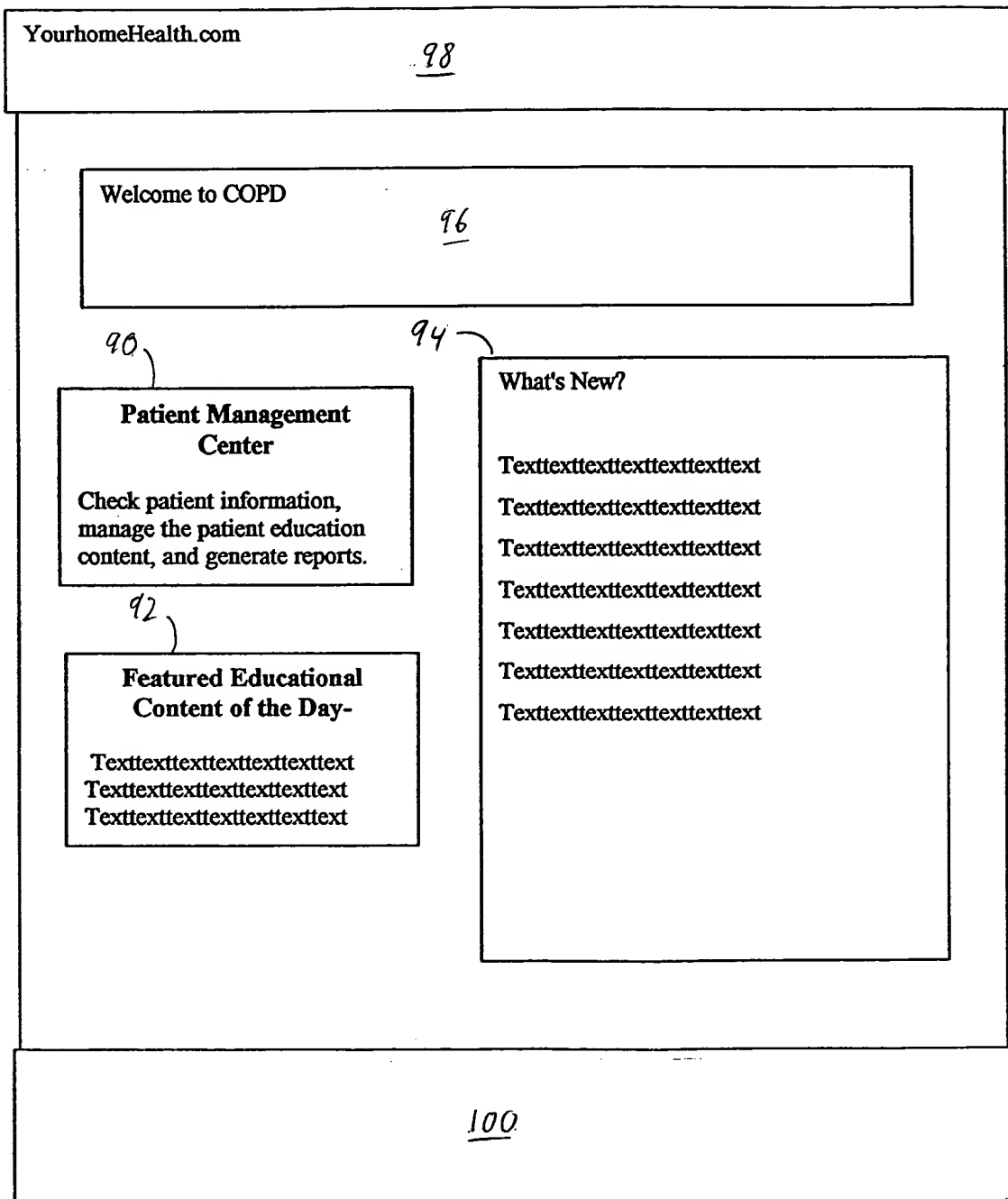


Fig. 5B



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## Patient Management Center

106

### Patient Observation Deck

Refer to your observation deck to view patient information, check patient status, view a patient's clinical pathway, reminders, treatment plan or patient reports.

- ⊕ Patient Information ← 114
- ⊕ Patient Status ← 116
- ⊕ Patient Treatment Plan ← 118
- ⊕ Patient Clinical Pathway ← 120
- ⊕ Patient Reminders ← 122

This links you to the patient information page.

104

108

### Patient Education Content Manager

Use the Patient Education Content Manager to quickly identify and define groups of patients with common needs and push educational material to the group with one click.

- ⊕ Set Content Groups } 124
- ⊕ Set Educational Content }
- ⊕ Email Aliasing }

### Report Center

Use the Report Manager to document important patient status information and to communicate patient information or recommended therapy changes with a physician by automatically emailing or faxing the report to their office.

- ⊕ Fill out a Report } 126
- ⊕ Create a New Report }

112

Fig. 5C

102



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Patient Observation Deck: Patient Information



Patient Information | Patient Status | Patient Treatment Plan  
Patient Clinical Pathway | Patient Reminders

140

First Name	Last Name	Patient ID
Smith	Jane	888
Ghandi	Indra	123
Lan	Mu	818
Thatcher	Margaret	666
Wolf	Virginia	456

134

;

136

Fig. 5D

128

132

Fig. 5E

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130

**Patient Observation Deck: Patient Information**

+ Text Nav Bar

140

**Patient  
Info**

Name: Jane Smith  
Address: texttext  
Phone Number: texttext  
Emergency Phone: texttext  
Email: texttext  
Date of Birth: texttext  
Social Security: texttext  
Gender: texttext  
Marital Status: texttext  
Guardian Name: texttext

**Patient  
Info**

Physician Name: texttext  
Address of Physician: texttext  
Phone Number of Physician: texttext  
Fax Number of Physician: texttext

**Caregiver  
Info**

Name: Jessica Smith  
Address: texttext  
Phone Number: texttext  
Fax Number: texttext


**Insurance  
Info**

Medical Info:  
☐ Medicare  
☐ Medicaid  
☐ Other  
☐ VA  
☐ Insurance  
☐ Self Pay

138

132

**Patient Observation Deck: Patient Status**


 Patient Information | Patient Status | Patient Treatment Plan  
 Patient Clinical Pathway | Patient Reminders

First Name	Last Name	Patient ID	Disease Type	Patient Data Summary
Smith	Jane	<u>888</u>	Asthma	<u><a href="#">View Data</a></u>
Ghandi	Indra	<u>123</u>	Respiritory	<u><a href="#">View Data</a></u>
Lan	Mu	<u>818</u>	Cardiac	<u><a href="#">View Data</a></u>
Thatcher	Margeret	<u>666</u>	Cardiac	<u><a href="#">View Data</a></u>
Wolf	Virginia	<u>456</u>	Respiritory	<u><a href="#">View Data</a></u>

999

132

132

Fig. 5F

142

140

~ 144

Fig. 5G

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Patient Observation Deck: Patient Data Summary

+ Text Nav Bar

Patient Info

Name: Jane Smith

ID: texttext

Phone Number: texttex

Fax Number: texttext

Date of Birth: texttext

Gender: texttext

Physician Name: texttext

Vital Sign

insert graph here

Health Trend

insert graph here

Alert Summary

insert graph here

Non Compliance

insert graph here

Comments

140

148

150

152

154

156

158

146

132

Fig. 5H

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130

Patient Observation Deck: Patient Treatment Plan

+ Text Nav Bar

Please Choose Your Patient

Search

Enter last name and/or first name:

Submit

By Patient

Select Patient Name:

Jane Smith

▼

Submit

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164

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Patient Observation Deck: Patient Treatment Plan

166



Patient Information | Patient Status | Patient Treatment Plan  
Patient Clinical Pathway | Patient Reminders

140

Patient Treatment Plan Search Results

Results

Name	Patient ID	Disease Type	Patient Treatment Plan
Smith, Jane	888	Asthma	<u>View Plan</u>
Smith, John	123	Respiratory	<u>View Plan</u>
Smith, Soain	818	Cardiac	<u>View Plan</u>

168

170

Fig. 5I

132

Fig. 5J

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Patient Observation Deck: Patient Treatment Plan

+ Text Nav Bar

Patient Info

Name: Jane Smith  
ID: texttext  
Phone Number: texttex  
Fax Number: texttext

Date of Birth: texttext  
Gender: texttext  
Physician Name: texttext

148

Medication

insert table here

174

Equipment

insert table here

176

Physical Therapy

insert table here

178

172

132

Fig. 5K

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**Patient Observation Deck: Patient Clinical Pathway**

+ Text Nav Bar

~ 140

**Clinical Pathway Status Results**

**Results**

182

Name	Patient ID	Disease Type	Questionnaire
Smith , Jane	<u>888</u>	Asthma	<u>QNR1</u>
Smith, John	<u>123</u>	Respiratory	<u>QNR2</u>
Smith, Soain	<u>818</u>	Cardiac	<u>QNR1</u>

184

~ 180

132

FIG. 5K



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← 130

**Patient Observation Deck: Patient Clinical Pathway**



Patient Information | Patient Status | Patient Treatment Plan  
Patient Clinical Pathway | Patient Reminders

140

**Patient Info**

Name: Jane Smith  
ID: 818  
Phone Number: (650) 555-6666  
Fax Number: (650) 555-7777

Date of Birth: 7-23-78  
Gender: Female  
Physician Name: John Gilbert

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**Questionnaire Info**

Questionnaire #1		
Question Summary	Answers	Alerts
1) How do you feel today?	Multiple Choice	No
2) Do you exercise regularly?	Borg Scale Choice	No
3) Do you feel out of breathe?	Numeric	Yes
4) How much do you weigh?	Borg Scale	Yes
5) Do you ever feel confused?	Multiple Choice	No
6) How is your appetite?	Numeric	Yes

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132

186

Fig. 5L

Fig. 5M

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**Patient Observation Deck: Patient Reminders**

+ Text Nav Bar

140

**Patient  
Info**

Name: Jane Smith

Date of Birth: texttext

ID: texttext

Gender: texttext

Phone Number: texttext

Physician Name: texttext

Fax Number: texttext

148

200

202

**Reminder Status**

**| Scheduling**

Reminder 1: Eat Zaiban every 4 hours

Reminder 2: Brush your teeth before bedtime

Reminder 3: Exercise for 30 mins everyday

Reminder 4: Empty

Reminder 5: Empty

Type	Expiration on	Time Range
Daily	March 30	8:00 to 10:00 AM
Daily	March 30	8:00 to 10:00 AM
Daily	March 30	8:00 to 10:00 AM
n/a		
n/a		

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204

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Fig. 6A

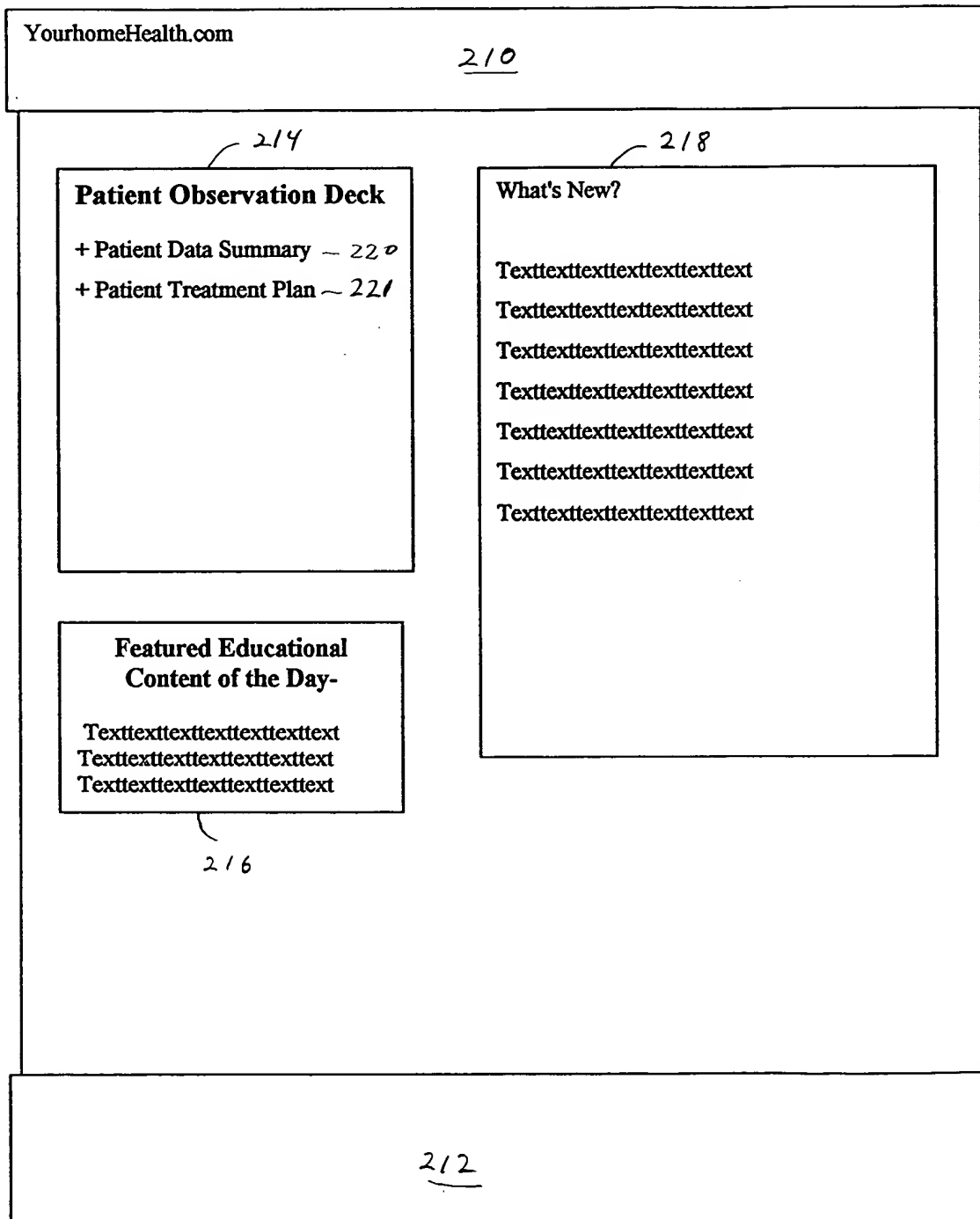


FIG. 6A

Fig. 6B

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Patient Observation Deck: Patient Data Summary

+ Text Nav Bar

Patient Info

Name: Jane Smith

ID: texttext

Phone Number: texttex

Fax Number: texttext

Date of Birth: texttext

Gender: texttext

Physician Name: texttext

Non Compliance

insert graph here

Health Trend

insert graph here

222

148

224

226

212

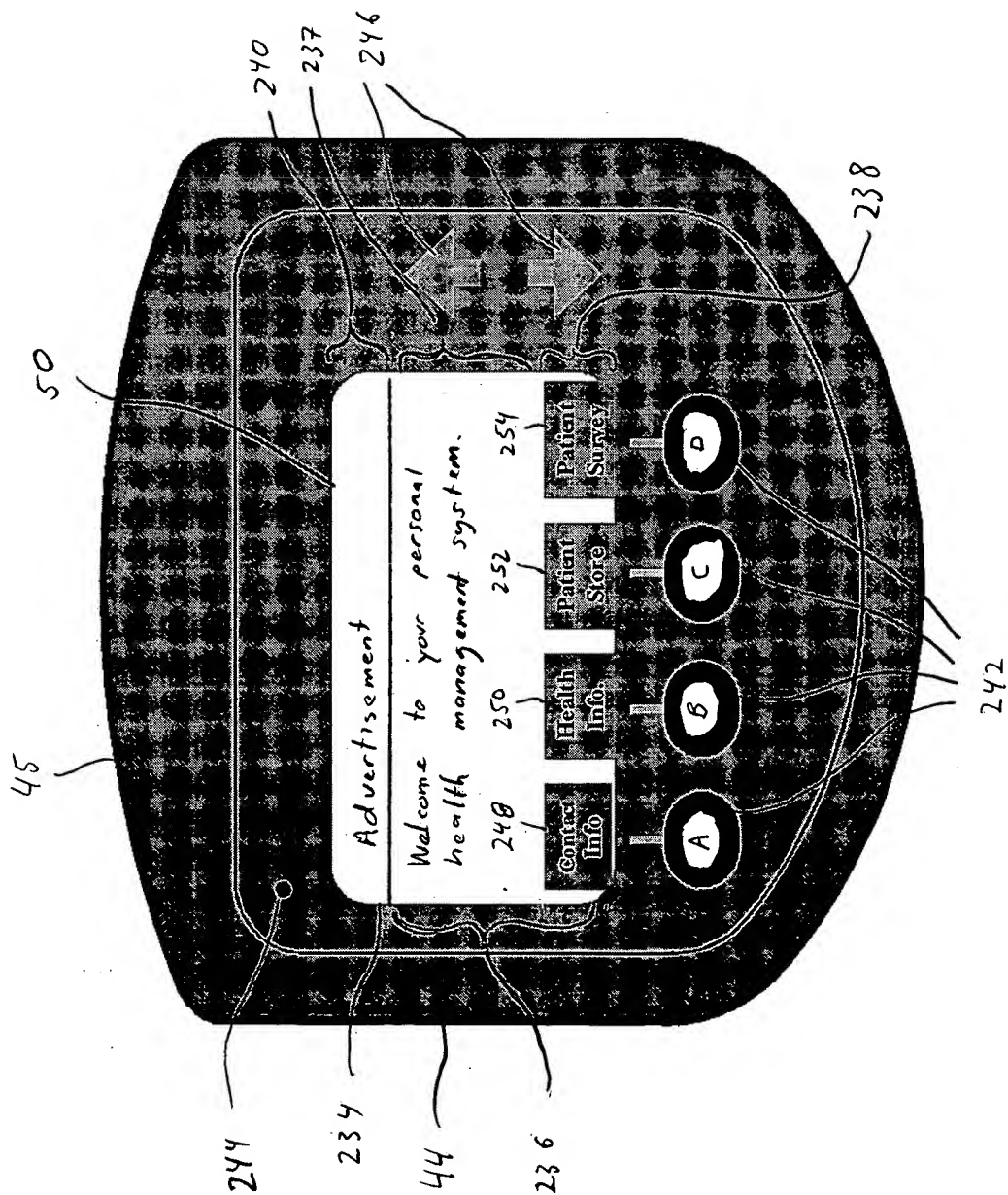
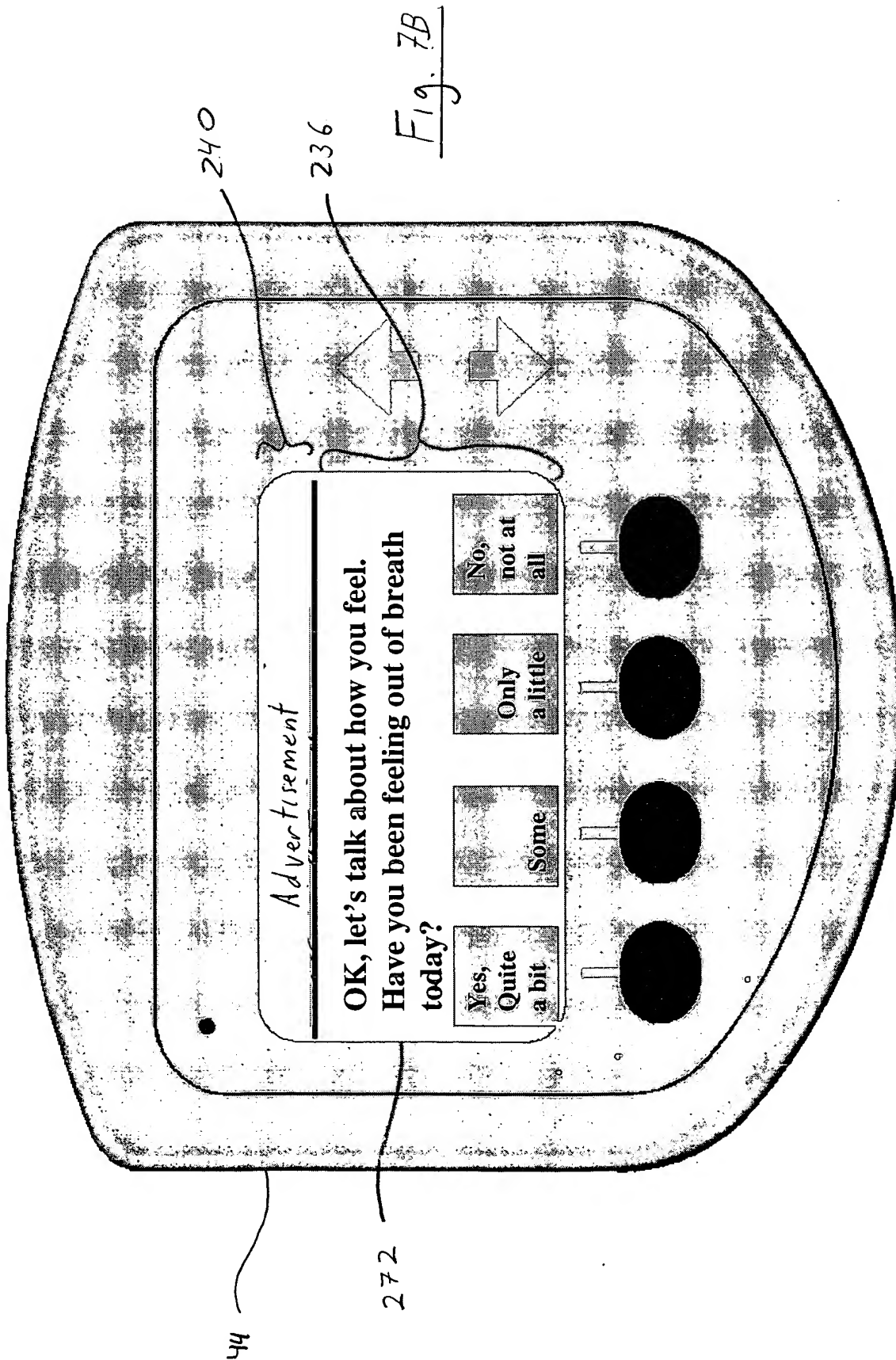


Fig. 7A



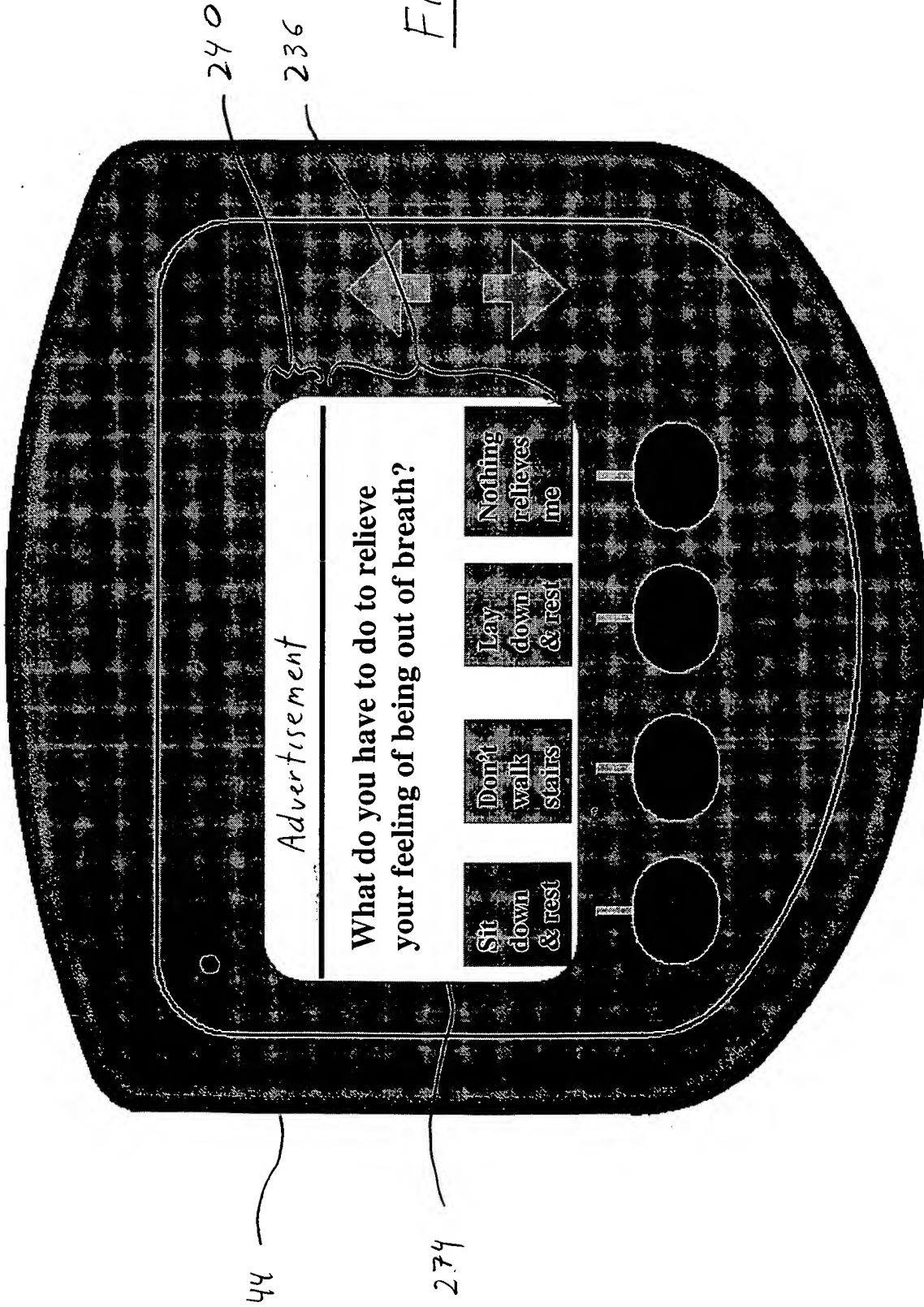


Fig. 7C

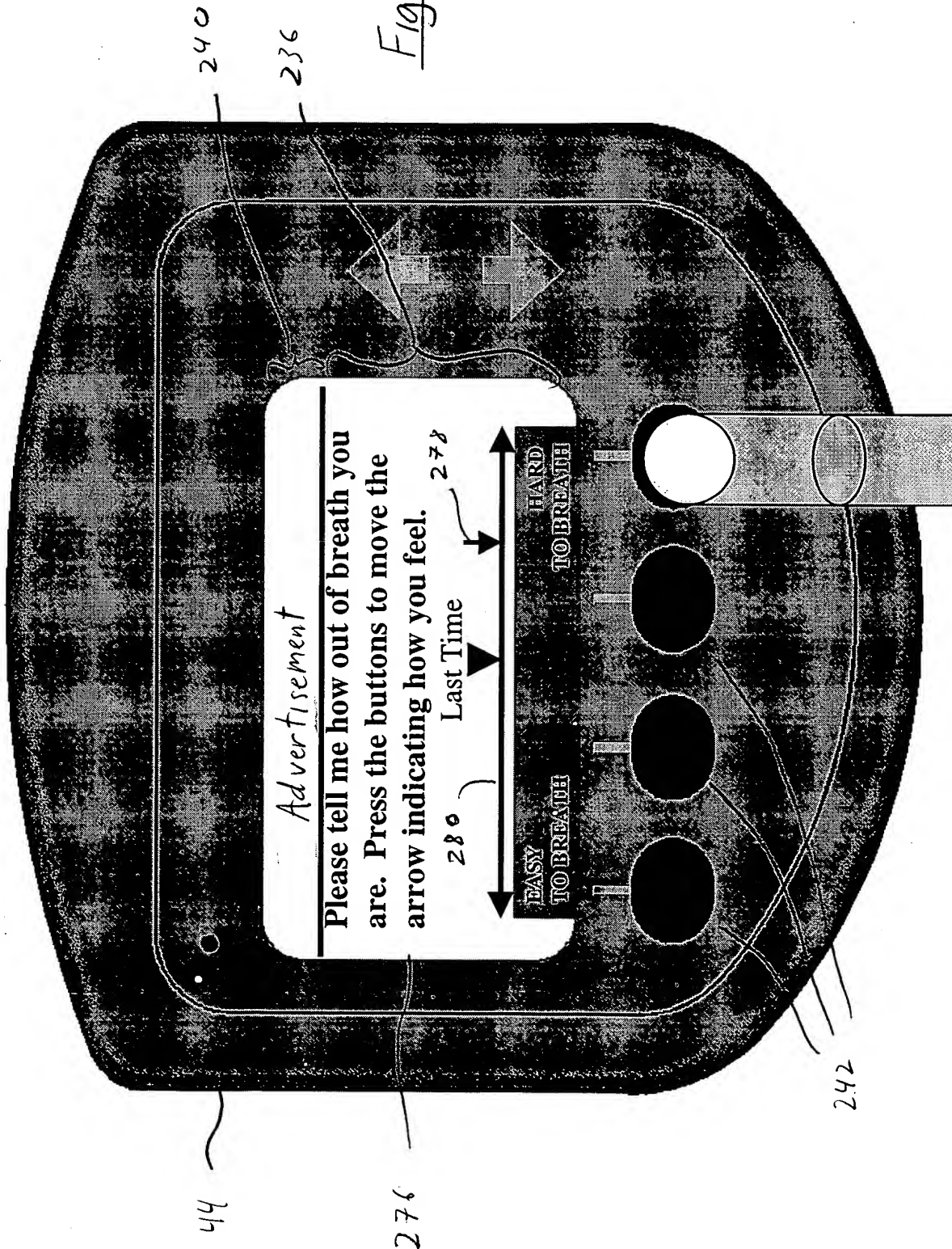


FIG. 7D

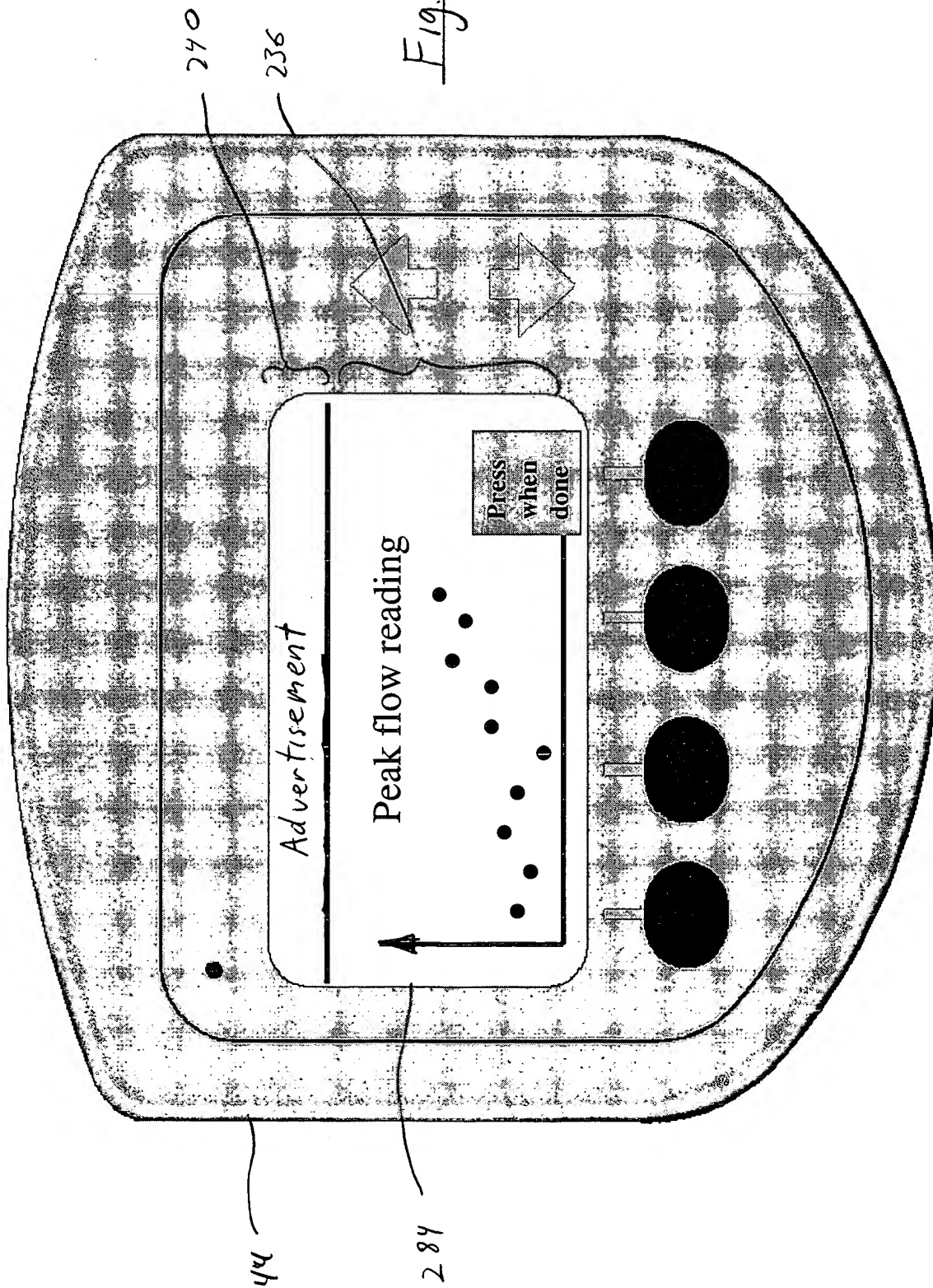


Fig. 7E

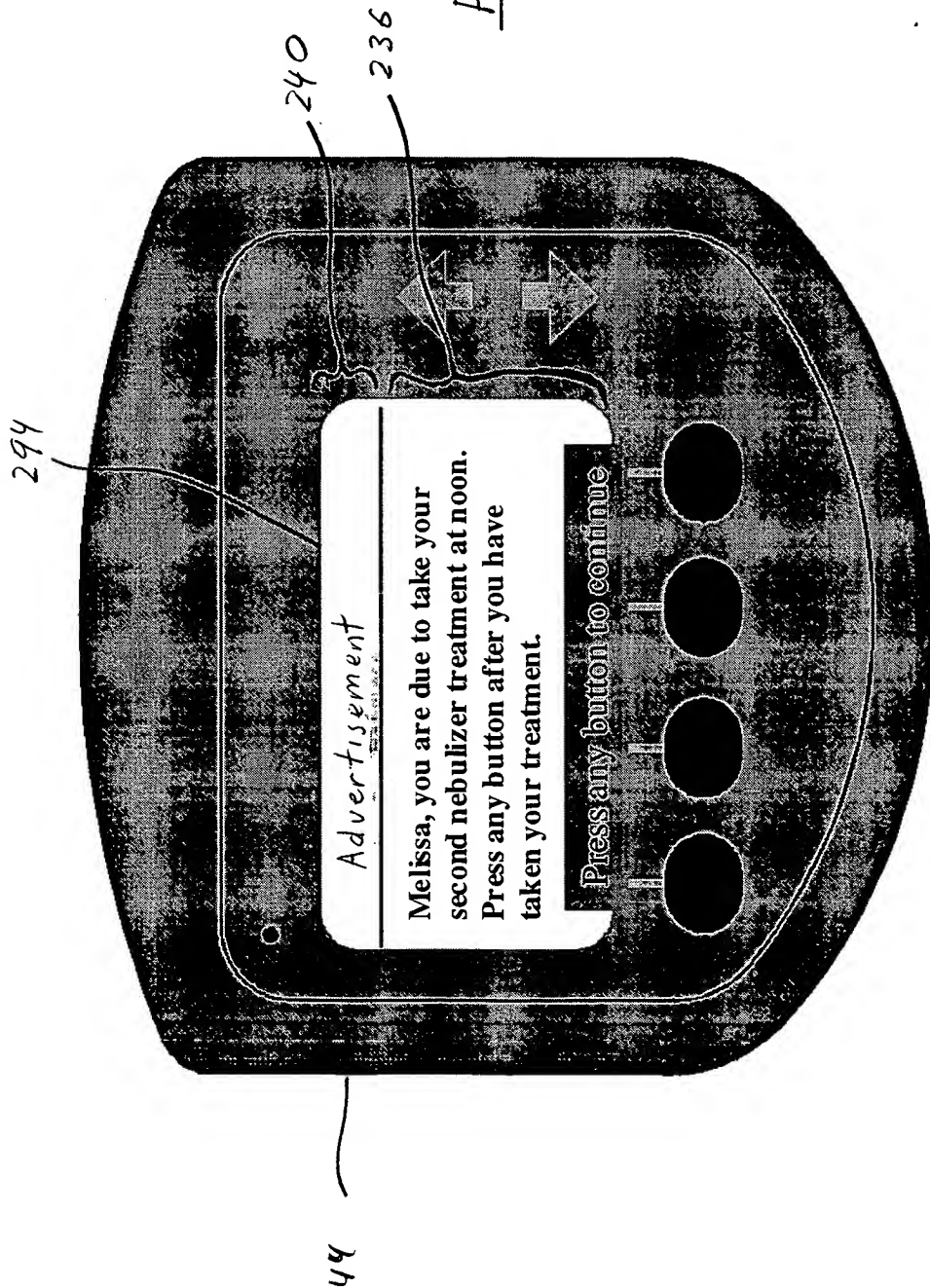
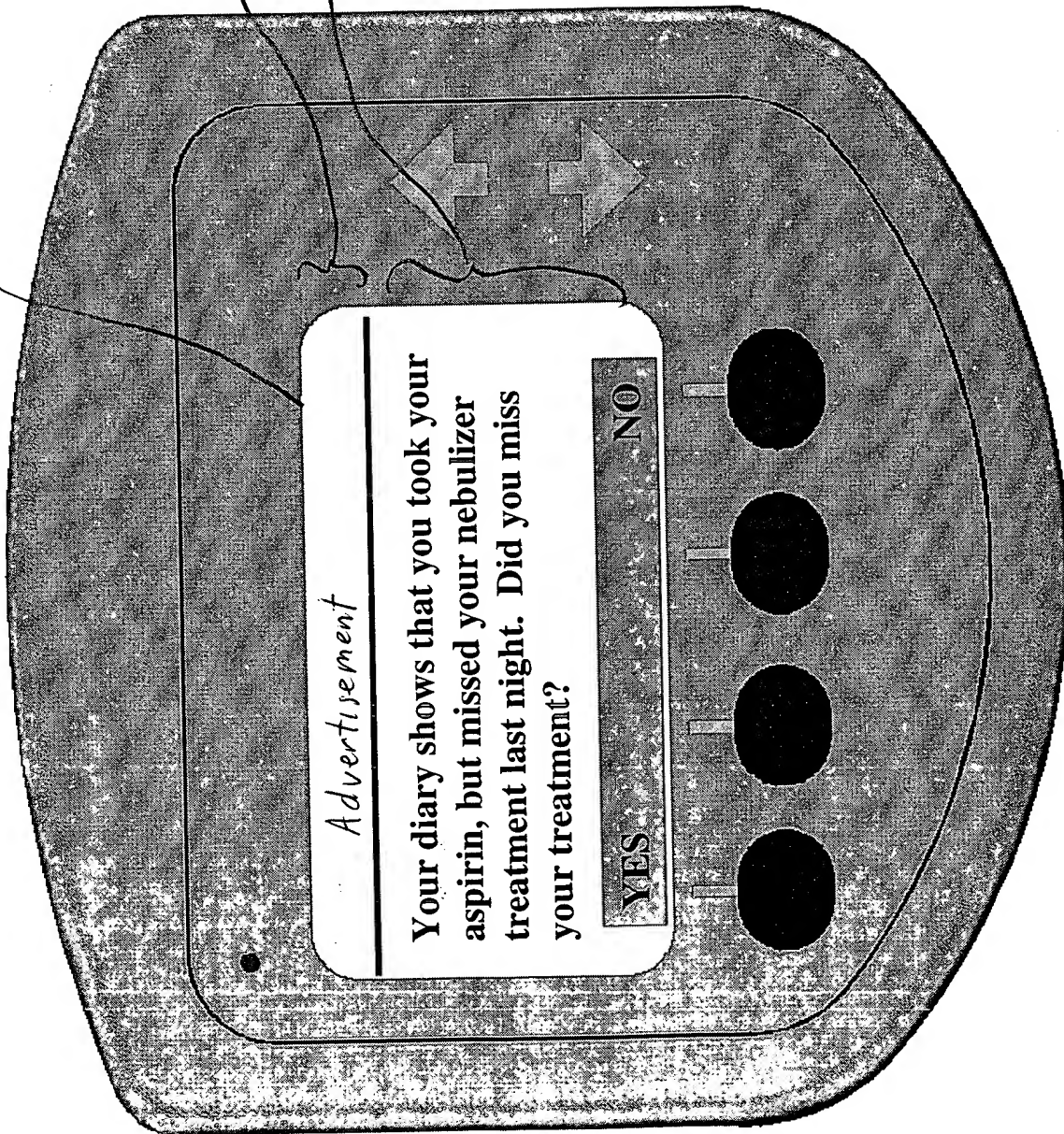


Fig. 7F

296



240

236

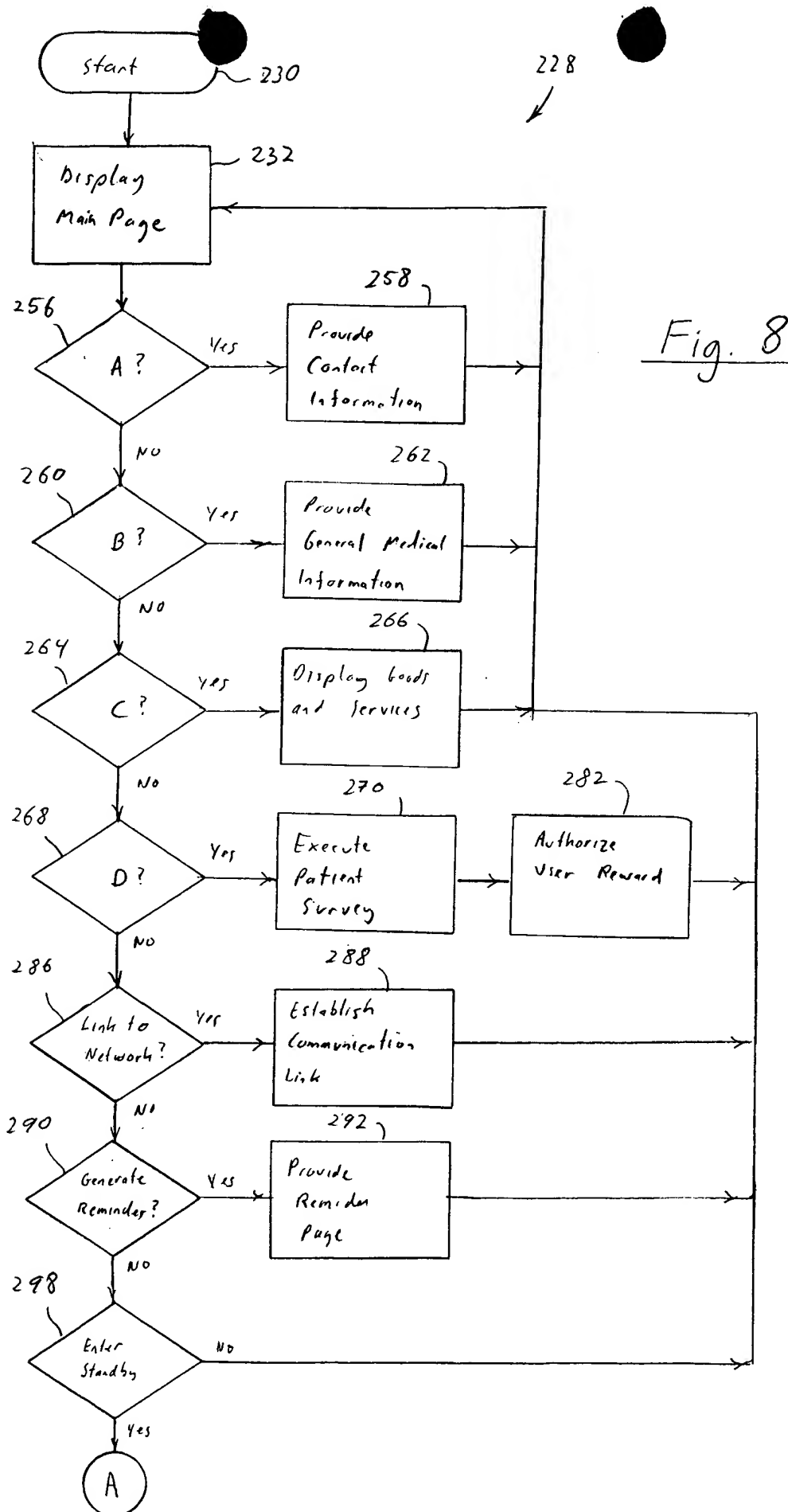
Fig. 7G

### Advertisement

Your diary shows that you took your aspirin, but missed your nebulizer treatment last night. Did you miss your treatment?

YES

NO



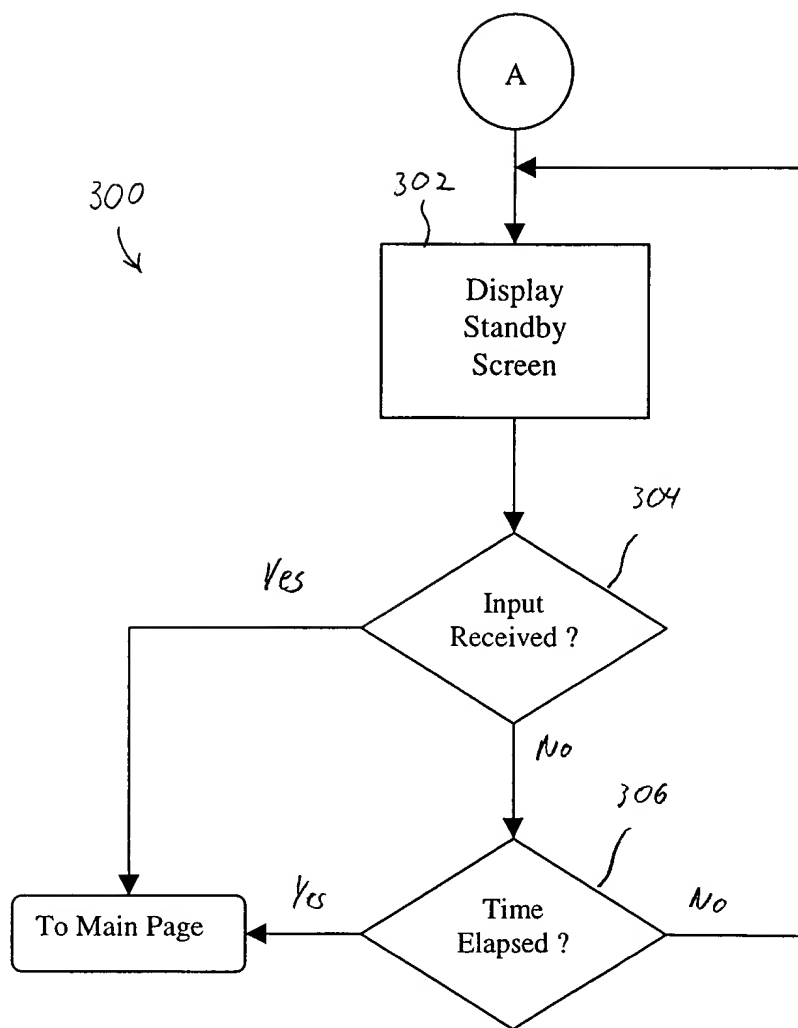


Fig. 9